PART B - FEE(S) TRANSMITTAL

DEC 1 4 2006		or <u>Fax</u>	P.(Ala (57	mmissioner io D. Box 1450 exandria, Virg V1)-273-2885	r Patent inia 223	13-1450			
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EV979440788				Jim Tidrick				(Depositor's name)	
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APPLICATION NO. FILING DATE	1 .	FIRST NAMED INVE	NTOR		ATTORN	EY DOCKET NO.	CONFIRMAT	TION NO.	
10/789,067 02/26/2004		Jere F. Irwin			. = 0.1	R3-052 10789067			
TITLE OF INVENTION: ARTICLE CONVEYING, GUIDING, AND LOCATING DEVICE 12/18/2006 EAYALEW2 00000002 10783007									
				92 FE:17584 388:88 0P 03 FC:8001 6.00 0P					
APPLN. TYPE SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE		PREV. PAID ISSUI	E FEE 1	OTAL FEE(S) DUE	DATE	DUE	
nonprovisional YES	\$700	\$300		\$0		\$1000	12/28	3/2006	
EXAMINER	ÀRT UNIT	CLASS-SUBCLAS	s	1					
. CHOI, STEPHEN	3724	083-365000		J					
1. Change of correspondence address or indication of CFR 1.363).			atent front page, lis			t. Johr	P.S.		
Change of correspondence address (or Change Address form PTO/SB/122) attached.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,								
"Fee Address" indication (or "Fee Address" Ind PTO/SB/47; Rev 03-02 or more recent) attached. U Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Jere F. Irwin Yakima, Washington									
Please check the appropriate assignee category or categories (will not be printed on the patent):									
4a. The following fee(s) are submitted: Signature: S	tb. Rayment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.								
Publication Fee (No small entity discount permi	Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-0925 (enclose an extra copy of this form).								
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).									
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